Health Care Licensing Application
Assisted Living Facility - Renewal Licensure

Provider/Facility Information

Provider Information
Provider name, address, telephone number will be listed on Florida Health Finder at: http://www.floridahealthfinder.gov/

License Number: 11224 National Provider Identifier: 1619298593 Medicare Number:

File Number: 11967162 Medicaid Number: [redacted]

Provider/Facility: AMOR DE JESUS, CORP

Street Address

Street Address: 14283 SW 177 STREET (Bld, Suite, Floor, Villa, Apt)

City: MIAMI State: FLORIDA Zip: 33177

County: MIAMI-DADE

Telephone: (786) 429-1087 Telephone Ext: Fax: (786) 364-1526

Provider Website: None Email Address: avaleria197601@gmail.com

Transparency Page:

Mailing Address (All mail will be sent to this address)

Street Address: 14283 SW 177 STREET (Bld, Suite, Floor, Villa, Apt)

City: MIAMI State: FLORIDA Zip: 33177

County: MIAMI-DADE Telephone: (786) 429-1087 Telephone Ext:

Email Address avaleria197601@gmail.com

Contact Details

Contact Person

Contact Person: Aminta Quinonez Suffix:

Telephone: (786) 201-4302 Telephone Ext: Fax: (786) 364-1526

Email: avaleria197601@gmail.com

***Note**: By providing your email address you agree to accept email correspondence from the Agency*

Does the licensee own or lease this facility?

☐ Own ☒ Leased

Full Name: JOSE M MACHADO

Effective Date: 09/17/2012 End Date:

Mailing Address

Address Type: Personal

Street Address: 14935 SW 297TH ST (Bld, Suite, Floor, Villa, Apt):

City: HOMESTEAD State: FL

Zip: 33033-3701 County: MIAMI-DADE

Telephone: (786) 201-1499 Telephone Ext.:

Email: jnm0304@yahoo.com

Licensee Information

Description of Licensee: For Profit Ownership Type: Corporation

Licensee Name: AMOR DE JESUS, CORP FEIN: [redacted]

Mailing Address: 14283 SOUTH WEST 177 STREET (Bld, Suite, Floor, Villa, Apt.)

City: MIAMI State: FLORIDA Zip: 33177

County: MIAMI-DADE

Telephone: (789) 429-1087 Telephone Ext: Fax: (786) 364-1526

Email: avaleria197601@gmail.com

Ownership Information

☒ Does any person or entity serve as an officer of, is on the board of directors of, or have a 5% or greater ownership interest in the applicant or licensee?

Person and/or Entity Ownership of Licensee

Full Name of Individual/Entity: JOSE N MACHADO SSN/EIN: xxx-xxx-xxxx

Board Member/ Officer: YES Suffix:

% Ownership: 100.00

Effective Date: 09/17/2012 End Date:

Mailing Address Type: Business

Street Address: 2135 SW 156 COURT (Bld, Suite, Floor, Villa, Apt)

City: MIAMI State: FL

Zip: 33185 County: MIAMI-DADE

Telephone: (305) 552-7559 Telephone Ext.:

Email: jnm0304@yahoo.com

If the percentage of ownership interest indicated above does not equal 100%, please explain why in the space below:

Management Company Information

Management Company

N Does a company other than the licensee manage the licensed provider?

Personnel Information

Personnel

First Name: AMINTA Middle: Last Name: QUINONEZ

Suffix: SSN: xxx-xxx-xxxx [redacted]

Address Type:

Street Name or P.O. Box: 15505 SW 16 LANE (Bld, Suite, Floor, Villa, Apt.):

City: MIAMI State: FLORIDA

Zip: 33185 County: MIAMI-DADE

Telephone: (786) 201-4302 Telephone Ext:

Email: avaleria197601@gmail.com

Title	Effective Date	End Date	FL License Number
Administrator	7/13/2012		

First Name: JOSE Middle: N Last Name: MACHADO

Suffix: SSN: xxx-xxx-xxxx [redacted]

Address Type:

Street Name or P.O. Box: 2135 SW 156 COURT (Bld, Suite, Floor, Villa, Apt.):

City: MIAMI State: FLORIDA

Zip: 33185 County: MIAMI-DADE

Telephone: (305) 552-7559 Telephone Ext:

Email: jnm0304@yahoo.com

Title	Effective Date	End Date	FL License Number
Financial Officer	9/17/2012		

Safety Liaison

First Name: AMINTA Middle: Last Name: QUINONEZ

Effective Date: 07/13/2012 End Date:

Phone: 7862014302 Telephone Ext:

Address line1: 15505 SW 16 LANE Address line2:

City: MIAMI State: FL Zip: 33185

Email: avaleria197601@gmail.com

Required Disclosures

Convictions

Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions or offences prohibited by sections 435.04 and 408.809(4), F.S., for each controlling interest.

N Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been convicted of any level 2 offence pursuant to subsection 408.809(1)(d), Florida Statutes? (These offences are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form (#3100-0008)).

Full Name	SSN	Description	Exemption

Exclusions

Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or Federal Clinical Laboratory Improvement Amendment (CLIA) programs.

N Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state?

Full Name	SSN	Description

Felonies / Terminations

Pursuant to section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:

N Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, within the previous 15 years prior to the date of this application?

N Terminated for cause from the Medicare program or a state Medicaid program.

Health and Residential Care

N In the past 5 years, has the applicant or any controlling interest owned any entity that provided health or residential care in Florida or any other state?

☐ If yes:
Has any entity the applicant or controlling interest owned been closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium; or had an injunctive proceeding initiated against it?

Miscellaneous

N Does the owner, administrator, or any facility representative serve as 'representative payee' or as power of attorney for any Assisted Living Facility residents?

N Is the Assisted Living Facility a part of a continuing care retirement community (CCRC) pursant to Chapter 651, F.S.? If yes, you will be prompted to attach a copy of your Certificate of Authority in the Supporting Documents section of this application.

Y Does the Assisted Living facility participate in Long Term Care, Managed Care, or MMA (Managed Medical Assistance). If yes, provide your Medicaid number below.

Medicaid #: [redacted]

Y Do you offer or do you plan to offer adult day care services in your assisted living facility?

Bed Count

# Private Pay Beds:	2
# OSS Beds:	4
Total Capacity	6

Consumer Information

The following information is available to consumers through the Florida Health Finder.

Room Type:

☒ Occupancy	6
☒ Private Beds	
☒ Semi-Private Beds	3
☒ Bed Hold ?	Yes

Religious Affiliation (if any):

Payment Forms Accepted:

- ☒ Other:Private
- ☒ Veterans Administration
- ☒ Medicaid
- ☒ Insurance/ HMO

Special Services Provided:

Languages Spoken:

- ☒ Spanish
- ☒ English

Nurse Availability:

- ☒ None

Special Program Provided:

- ☒ Arts and Crafts
- ☒ Dancing
- ☒ Exercise Class
- ☒ Games/Cards
- ☒ Other:Church

Qualifications

- ☐ None
- ☐ Extended Congregate Care (ECC)
- ☒ Limited Mental Health (LMH)
- ☐ Limited Nursing Services (LNS)

I **JOSE MACHADO** , under penalty of perjury, attest as follows:

(1) Pursuant to section 837.06, Florida Statutes (F.S.), I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.

(2) Pursuant to section 408.815, Florida Statues (F.S.), I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.

(3) Pursuant to section 408.806, Florida Statues (F.S.), the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes (F.S.).

(4) Pursuant to section 408.809 and 435.05, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II and Chapter 435, Florida Statutes (F.S.), and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

(5) Pursuant to section 435.05, Florida Statutes (F.S.), the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II or Chapter 435, Florida Statutes (F.S.), as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

JOSE MACHADO	OWNER	01/11/2021
Signature of Licensee or Authorized Representative	Title	Date